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The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

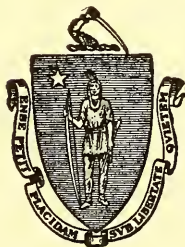
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WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1925

DEPARTMENT OF MENTAL DISEASES



OFFICERS OF THE WORCESTER STATE HOSPITAL.

NASH OFFICIAL

BOARD OF TRUSTEES.

ANNA C. TATMAN, *Secretary, Worcester.*
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MEDICAL STAFF.

WILLIAM A. BRYAN, M.D., *Superintendent.*
 LEWIS B. HILL, M.D., *Assistant Superintendent.*
 , Director, Clinical Psychiatry.
 MICHAEL J. O'MEARA, M.D., *Senior Assistant Physician.*
 GEORGE A. GAUNT, M.D., *Senior Assistant Physician.*
 MANLEY B. ROOT, M.D., *Senior Assistant Physician.*
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 WALFORD JOHNSON, M.D., *Assistant Physician.*
 RUSSELL T. DRAPER, M.D., *Assistant Physician.*
 JUANITA P. JOHNS, M.D., *Assistant Physician.*
 WILLIAM J. CURRY, M.D., *Assistant Physician.*
 RENE BREQUET, M.D., *Assistant Physician.*

VISITING STAFF.

ERNEST I. HUNT, M.D.	} Surgeons.	
JOHN F. CURRAN, M.D.		
C. J. BYRNE, M.D.		
WILLIAM H. ROSE, M.D.		
BENJAMIN H. ALTON, M.D.	} Neurologists.	
M. M. JORDON, M.D.		
BENJAMIN T. BURLEY, M.D.		
WILLIAM F. HOLZER, M.D.,	} <i>Ophthalmologist.</i>	
JOHN W. O'MEARA, M.D.,		} <i>Orthopedist.</i>
PHILLIP H. COOK, M.D.,		

HEADS OF DEPARTMENTS.

FLORENCE M. WOOLDRIDGE, R.N., *Superintendent of Nurses and Principal of Training School.*
 MAURICE SCANNELL, *Supervisor, Male Department.*
 JESSIE M. D. HAMILTON, *Treasurer.*
 HERBERT W. SMITH, *Steward.*
 LILLIAN G. CARR, *Matron.*
 WILLIAM H. CLARK, *Head Farmer.*
 JAMES DICKISON, Jr., *Chief Engineer.*
 ANTON SWENSON, *Foreman Mechanic.*

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The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency the Governor, and the Honorable Council:

The Trustees of the Worcester State Hospital respectfully submit the ninety-third annual report of the Hospital, together with the report of the Superintendent, William A. Bryan, M.D., report of the Treasurer, Miss Jessie M. D. Hamilton, and other statistical information.

Attached to this report is a more detailed report of Doctor William A. Bryan, Superintendent of the Hospital, to which the Board of Trustees have given careful attention, and respectfully urge the necessity of the various repairs, reforms, and improvements recommended by him.

In addition to this, the Trustees, feeling the responsibility of the trust imposed upon them by the State, respectfully submit some matters which are in need of immediate attention.

The Summer Street Department of the Hospital is almost one hundred years old, and it would seem that a careful survey should be made as to the future of this Department of the Hospital. In the opinion of the Board, this building is ideally located for a receiving and psychopathic hospital for the city of Worcester and the surrounding community. The Plant is not in the best state of repair, due to lack of finances, and we would respectfully recommend that a suitable appropriation be made to make such changes and alterations as would put the buildings in first class condition, to serve the purpose recommended. Continuous bath equipment is on hand for installation, but before this can be installed, reinforcement of the floors is necessary. The entire building should be repainted, alterations should be made in the old carpenter shop for use as a laboratory, and the old laundry renovated for use as a nurses' home. Considerable landscaping should be done, and a new fence placed around the grounds. It is the desire of the Board that very careful study be given to the needs of this Department of the Hospital, in order to bring it into first class condition.

Attention is again called to the necessity of some comprehensive program being taken for the future care of our herd. The cattle are now free from tuberculosis, and in the opinion of the Board, it would be unwise to again attempt to use the old barn at the Home Farm without complete renovation. The transportation of feed to Hillside, and the hauling of milk and manure from that farm to the Main Hospital is very expensive, and at times, during the winter months, it taxes the entire resources of the Hospital to keep the supplies moving. There are two courses open for the solution of this problem. One would be a complete renovation of the old barn. This would include new cement floors, straightening the building, as it is out of plumb, and the installation of modern dairy equipment. The other course would be the beginning of a new unit located at some other part of the Main Farm, and this, in the opinion of the Board, would be the better course to follow, for two reasons.

First, the expense for the new Farm group would be practically no greater than completely renovating the present barn. Secondly, it is very desirable to remove the cow barn from its present location, because of its close proximity to the main highway between New York and Boston. Our methods of handling and cooling milk are antiquated and primitive, due to the location of the herd, and a new group would enable us to put this procedure on a more efficient basis.

The Board would again call attention to the necessity for appropriating money as rapidly as possible to diminish the fire risks of the hospital. Installation of sprinkling systems, and metal staircases where needed, are imperative necessities,

and it is to be hoped that these matters will be remedied as quickly as the funds of the Commonwealth will permit.

In conclusion, the Trustees wish to report their satisfaction with the policies of the Hospital, and desire to express their appreciation for the loyalty and conscientious service of all employees during the past year.

Respectfully submitted,

CAROLINE M. CASWELL.
ANNA C. TATMAN.
WILLIAM J. DELAHANTY.
EDWARD F. FLETCHER.

HOWARD W. COWEE.
JOHN G. PERMAN.
LUTHER G. GREENLEAF.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital:

I herewith respectfully submit the following report of the Hospital for the year ending November 30, 1925, it being the ninety-third annual report.

There remained on the Hospital books October 1, 1924, 2,536 patients, 1,299 men and 1,237 women. During the year ending September 30, 1925, there were admitted 618 patients, 341 men and 277 women. Five hundred and thirteen patients, 305 men and 208 women, were discharged from the Hospital. Of this number 296 patients, 170 men and 126 women, were discharged; 190 patients, 117 men and 73 women, died; and 27 patients, 18 men and 9 women, were transferred, leaving at the end of the statistical year, 2,758 patients, 1,383 men and 1,375 women. Two thousand, three hundred and sixty-eight patients, 1,131 men and 1,237 women, were actually in the institution. Of the patients discharged, 59 were reported as recovered, 133 as improved, and 63 as not improved. Forty-three patients, 31 men and 12 women, were discharged as not insane. Nine men were transferred by the Department of Mental Diseases to the U. X. V. H. No. 95, at Northampton; 1 man and 3 women to the State Infirmary; 2 men and 1 woman to the Northampton State Hospital; 1 man and 2 women to the Medfield State Hospital; 1 man and 1 woman to the Foxboro State Hospital; 1 man to Dr. Ring's Sanatorium; 1 man to Herbert Hall; 1 man to the Monson State Hospital; 1 man to the Westborough State Hospital; 1 woman to the Psychopathic Hospital; and 1 woman to the Boston State Hospital. Eight men and 9 women were removed from the State, and 4 men and 3 women were deported.

There remained in the Hospital at the end of the Statistical year, 245 more patients, than at the beginning. The smallest number under treatment on any day was 2,116, and the largest, 2,385. The daily average was 2,224.60.

The percentage of recoveries calculated upon the number of discharges and deaths was 10.31; calculated upon the number of admissions, 9.54. The death rate was 5.75, calculated on the whole number of patients under treatment; and 8.48, calculated on the daily average number.

GENERAL HEALTH OF THE POPULATION.

During the year the general health of both patients and employees was very good. One male patient committed suicide by hanging in the basement of the greenhouse.

PRINCIPAL CAUSES OF DEATHS.

Thirty per cent of all deaths were due to cardio-vascular-renal disease; 10 per cent to general paralysis of the insane; 9 per cent to pulmonary tuberculosis; and 7 per cent to lobar pneumonia.

STAFF CHANGES.

Resignations.

Dr. Mervin Fossner resigned to go into general practice, December 31, 1924.

Dr. John P. Powers resigned to accept a position at the Psychopathic Hospital, December 31, 1924.

Dr. Sidney M. Simons resigned to accept an internship at the City Hospital, Providence, R. I., January 15, 1925.

Dr. Donald B. Cheetham resigned to go into general practice September 13, 1925.

Dr. Leon E. Duval resigned to accept another hospital appointment outside the State, September 16, 1925.

Dr. J. Paul Bouthillier resigned to accept a position in New York, November 14, 1925.

Dr. Horace J. Forman resigned November 21, 1925.

Dr. Leonard L. Tormey resigned to go into general practice, November 26, 1925.

Appointments.

Dr. Lewis B. Hill was appointed assistant superintendent, November 1, 1924.

Dr. Abraham Weidman was appointed assistant physician, November 1, 1924.

Dr. Horace J. Forman was appointed assistant physician, November 21, 1924.

Dr. Walford Johnson was appointed assistant physician, January 15, 1925.

Dr. Russell T. Draper was appointed assistant physician, June 17, 1925.

Dr. Juanita P. Johns was appointed assistant physician, August 1, 1925.

Dr. William J. Curry was appointed assistant physician, September 17, 1925.

Dr. Rene Brequet was appointed assistant physician, November 2, 1925.

STUDENT INTERNES.

During the summer of 1925, six medical and one dental interne assisted the Staff physicians in the usual routine work:—

Richard C. Blackall	Johns Hopkins University.
Lorenzo A. Remy	Tufts Medical School.
William E. Nesbit	University of Michigan.
George Dupre	Tufts Medical School.
N. Eugene Lacy	University of Michigan.
Omer C. Rathman	University of Michigan.
John J. Similie	Harvard Dental School.

MEDICAL REPORT.

The medical work of the hospital has been carried on along the lines of organization indicated in former reports; namely, distinct division between physical and psychiatric service. This method of organization after two years' trial has proven so successful that it will be continued.

We have a general hospital service of two hundred and fifty beds, active, medical and surgical service. During the year, a determined effort has been made to bring the service of this department of the hospital up to the standard of the better general hospitals.

One of the better innovations was the opening of two diet kitchens, one for the male medical kitchen and one for the female medical kitchen. These diet kitchens are under the supervision of the dietitian and the work is carried on by the training school, under her direction.

In connection with this, an attempt has been made to put the food service of the medical and surgical wards on a better basis, by serving trays and special diets in a more attractive manner. The heavy crockery formerly used has been eliminated, and dainty china with individual tea pots, tray cloths, and napkins have been substituted. The result is that our patients who are physically ill are receiving better service in every way.

X-RAY DEPARTMENT.

The X-Ray Department of the hospital has been active, as the following report indicates:

Exposures: Ankle, 12; Arm, 9; Chest, 59; Elbow, 8; Forearm, 2; Foot, 20; Finger, 2; Gall Bladder, 2; Gastro-Intestinal, 99; Hand, 18; Heart, 1; Hip, 24; Jaw, 6; Knee, 23; Kidney, 3; Leg, 3; Liver, 4; Nose, 5; Pelvis, 3; Ribs, 22; Shoulder, 15; Spine, 23; Skull, 126; Stomach, 3; Thigh, 3; Throat, 2; Thumb, 1; Thymus, 2; Wrist, 12.

Dental X-Rays, 115.

SURGERY.

Treatments: Salvarsan, 1,594; Swift Ellis, 655; Eye Clinic, 18; Gyn. Clinic, 20; Obs., 2; Casts, 5; Lumbar Puncture, 111; Wassermann, 204; Mercury in Oil, 242; Horse Serum, 38; Acriflavine, 57.

Major Operations: Appendectomies, 14; Hysterectomies, 3; Tonsillectomies, 15; Hemorrhoidectomies, 3; Hydrocele, 1; Bone Patella, 1; Intestinal Obstructions, 1; Colostomy, 2; Cystotomy Superpubic, 1; Amputations, Leg, 2; Castration, 1; Ventral Fixation of Uterus, 1; Umbilical Herniotomies, 2; Unguinal Herniotomies, 9; Strangulated Herniotomies, 1; Double Herniotomies, 2.

Minor Operations: Removal of Foreign Bodies, 3; Removal of Growths, 3; Removal of Needle, 1; Removal of Piece of Steel, 1; Incision of Abscesses, 6; Incision of Cysts, 2; Incision of Sub Pectoral Abs., 1; Plaster Operation on Finger, 1.

LABORATORY REPORT.

Autopsies, 45; Animal Autopsies, 2; Animal Inoculations, 6; Bacterial Cultures, 36; Bacterial Smears, 74; Basal Metabolism Tests, 9; Blood Counts, Red, 63; Blood Counts, White, 192; Blood Counts, Differential, 174; Blood Counts, Hæmoglobin, 139; *Blood Chemistry:* Urea Nitrogens, 11; Non Protein Nitrogens, 1; Creatinine, 1; Sugar, 32; Examination for Malarial Parasites, 32; Stool Analyses, 9; Galactose Tolerance Tests, 2; Microscopical Sections, 16; Stomach Contents, 1; Sputum, 45; Spinal Fluids, Colloidal Golds, 367; Cell Counts, 606; Globulin, 399; Albumin, 378; T. B. Stain, 1; Mastic, 23; Urinalyses, 1,593; Urines, quantitative for sugar, 49; Renal Functional Test, 4.

SOCIAL SERVICE DEPARTMENT.

The annual report of the Social Service Department has sometimes consisted simply in the tabulation of statistics, but in social work, as in all types of educational work, results obtained cannot be tangibly expressed in numbers. We shall undertake this year, therefore, to present the year's work in concrete form, illustrating the various types of work carried on by case stories.

A considerable portion of the work of this department consists in gathering information regarding the patient's life in the community, before his hospitalization. Court cases, all cases in which traumatic injury might have caused the psychosis, and all cases in which the diagnosis of insanity is questioned, because of the lack of knowledge, bias or untruthfulness, of informants, or because the patient shows little deviation from the normal during the early days of the hospital residence, are investigated by the Social Service Department. The following illustrates this point.

E. J. is a pleasant, plausible young woman, who readily adapts herself to the routine of the hospital. She does her share of the work readily, gets along well with the other patients, and is apparently quite clear mentally. Her story is that she has been assaulted by an employer, and that she has been very badly used in the factory where she worked — a possible enough story.

In justice to the patient, the case is turned over to the Social Service. An exhaustive investigation proves beyond a shadow of a doubt that this girl has been telling false stories about numerous well-known, reputable men of the town, and that there has been no basis in fact for these stories. A girl of this sort, as can be easily seen, is a distinct menace to the community, and needs hospital care.

On the other hand, when Mrs. D., a plain and simply dressed seamstress of sixty years, tells the doctor she owns diamonds worth hundreds of dollars, and that her friend put her into the hospital simply to get the jewels, the doctor's first thought is that she is suffering from delusions. His second thought is to turn the matter over to the social worker for investigation, and lo! the diamonds are found to be a reality. She is recovering from her depressed condition, and the social worker has found a new home for her in the community.

The patient's fate is closely linked to that of his family. When Mrs. Z., the mother of four small children, comes to the hospital, the father must be advised as to where the children can be cared for, for his relatives are in the old country.

This year we have attempted the systematic follow-up of the families suffering from syphilis. Because of the infectious nature of this disease, other members of a family are sometimes also afflicted. The social worker sees the husband or wife of the patient, and tactfully explains the need of a blood test for the mate and the children. This is either arranged for through the family physician, or is done at the hospital, and where there are positive findings, arrangements are made by the

social worker at the nearest clinic for treatment. Mrs. R., whom since her husband's commitment, has had the care of four children, was examined at our hospital and found to be syphilitic also. Treatment was arranged, and because of this she will probably be saved to her children for many added years.

When the patient is ready to be returned to the community, he is again frequently a problem for the Social Service. Perhaps he is without a home to go to, and there is no one to care for him until he is again working, and independent. The transition to life in the community must not involve too difficult adjustments. F. L. has been a salesman in a distant city. He has recovered from a severe depression, climbing back to health through his opportunity to work in the hospital store. Now he is ready to go out, but no relatives can assume responsibility for him. A room is secured for him at the Y. M. C. A. where the director is asked to interest himself particularly in him. A small loan is made him, and a position in a local store is secured for him. Mr. L., needs no further help except an occasional consultation with his doctor at the hospital. Readjustment in industry is frequently most difficult because employers are afraid to take State Hospital patients, and much educational work in this direction is required.

Frequently the family situation into which the patient is to return must be re-adjusted to meet the patient's needs. "We will be more patient with her now, since we know it's because she's sick, and not because she's mean, that she says these things," says a husband, when we explain that only with infinite patience and understanding on his part can Mrs. S. be expected to get along in her home. Perhaps mismanagement of finances, irregular hours, or careless housekeeping have been responsible for some of the stress and strain under which the patient lived. With regular visits from the social worker, with instruction on budgets, and advice regarding the health of the children, the patient sometimes finds herself able to meet adequately the difficult task of housekeeping.

The Out-Patient Clinic work is in process of reorganization. With the coming of the new clinical director, and the new out-patient physician, the work of this department looks most promising. To this clinic are brought not only the children whom the social agencies are finding as problems, but also the children selected by social service from the families of patients whenever there is evidence of need of mental hygiene.

In order to do effective social work, other allied activities must be carried on by the department. It was felt that a loan fund, from which a patient, who had no relatives, might obtain assistance, until he had gotten employment, was a real necessity. The physicians' wives, under the direction of Mrs. L. B. Hill, arranged for a dance for the employees, and a fund of \$70.00 was secured in this way.

As recreation is an important factor in mental hygiene, a survey of the city's recreational resources has been undertaken. This year, a student from Smith College School of Social Work has been in training at this hospital. She is at work on a research problem and her findings will be of value to our work.

We have felt the need of interpreting the hospital's work to the community, to the end that better understanding for our patients would obtain. Opportunities for speaking before various groups were readily accepted, and nine different groups, including the college women's club, school teachers, church clubs, and a farm organization were addressed.

DENTAL REPORT.

The following report is submitted by our resident dentist, Doctor Carl A. Oberg: During the year there was a monthly average of 195 patients treated in the Dental Department.

Cleanings, 1,902; fillings, 971; new plates made, 66; treatments, 311; extractions, 750; plates repaired, 60; inlays, 18; facings, 1; bridges, 8; three-quarter crowns, 2.

PSYCHOLOGICAL DEPARTMENT.

We have been able to undertake a more varied programme than heretofore, including the following activities:

1. Psychometric Tests:

- a. All out-patient cases under twenty years of age.
- b. Any hospital cases suspected of mental defect.
- c. All court cases admitted to the hospital.

2. Intensive personality studies of specially assigned cases, and of all very young patients admitted to the hospital.

3. Daily observations and notes on patients receiving special treatment.

4. A course in elementary psychology for the students in the class of occupational therapy.

5. The development and standardization of thirteen new tests especially adapted to the needs of our clinics.

6. The manufacture, in our own shop, of materials required for performance tests.

The department has been represented at one national psychological meeting, and at two meetings held in this State.

The most important achievement of the year has been the development of a performance test known as The Worcester Formboard Series. This consists of a graded series of mechanical puzzles, devised and manufactured in our own laboratory, and standardized in the schools of Leicester. A paper describing the test, by Shakow and Kent, is now in the press. This test, because it covers a range from the three-year level to the sixteen-year level, and especially because it can be administered to a patient having no knowledge of English, is the most universally applicable test in use in our laboratory. It has been found especially useful in our school clinics, and this is true to some extent of the other twelve tests which are the product of the department. Our psychometric work is much more trustworthy because of these additional tools for mental measurement.

HYDROTHERAPY.

The Hydrotherapy Department continues to be one of the most important departments in the hospital. We have, in operation, thirteen continuous baths, four on the male side, and nine on the female side. These baths are in operation twenty-four hours each day, as are the pack rooms on both sides. In addition to the Ward Hydrotherapy, the treatment rooms are constantly being used. The following treatments were given during the year:

Salt Glows, 107; Saline Baths, 347; Electric Light Baths, 369; Fomentation to Liver and Spleen, 159; Massage to Abdomen and Spine, 22; Shoulder Massage, 60; Needle Spray, 1,100; Fan Douche, 1,100; Tub Shampoos, 306; Hair Shampoos, 204; Massage and Baking to Ankle, 14; Massage and Baking to Knee, 18; Jet Douche, 4; Sitz Baths, 44; Massage to Arm, 56; Massage to Back, 45; Massage to Stomach, 4; Baking Hands and Arms, 41; Baking Hip, 13; Baking Shoulder, 10; Foot Baths, 14; Baking and Massage to Arms and Hands, 70; Massage to Spinal Column, 2; Tonic Baths, 28; Hot and Cold to Spine, 23; Hot and Cold to Abdomen with Massage, 6; Scotch Douche, 10; Baking and Massage to Shoulder, 4; Massage to Hip and Knees, 16; Massage to Hands, Arms, Feet and Legs, 28; Baking Feet and Legs, 15; Massage of Back and Popliteal Space, 7.

Continuous Baths:

Baths, 17,311; Hours, 101,150; Average Patients per month, 104.

Packs:

Packs, 11,394; Hours, 43,879; Average Patients per month, 78.

OUT-PATIENT REPORT.

Clinics have been held regularly during the year, and the following are some of the sources, with the number of cases seen:—

City Hospital, 72; Memorial Hospital, 51; City of Lowell, 15; Agencies and Charitable Associations, 47; Police and Court Cases, 10; Sent by outside Physicians, 6; Sent by other Hospitals, 6; Came by own initiative, 34; Industrial Schools, 382; Public Schools, 159; Returned cases, 242.

TRAINING SCHOOL.

The School of Nursing has been carried on in keeping with the requirements of the State Board of Registration for Nurses, besides giving the special theory and practice made possible in this large, well-equipped hospital.

Four nurses were granted diplomas, two of whom are with us in positions of responsibility, two retired to private life. We have ten seniors, five intermediates, and ten preliminary students. The health of the whole nursing personnel has been

unusually good. The present arrangement of the services and various clinics gives our patients so much better nursing care and affords the students every opportunity to acquire more perfect nursing skill.

An affiliation of three months with the Rutland State Sanatorium for their new students, whereby they may receive instruction and practice in the care of the mentally sick, including the special therapies, began September 1, 1925.

The school was represented at all meetings pertaining to nurses and nursing. The school entertained the St. Barnabas Guild for nurses.

The attendants' classes were carried on, completing two courses. This is not an encouraging piece of work, because so many men drop out before the end. We do believe in its value, however.

PROJECTS COMPLETED.

The regular repair work of the hospital has been kept up throughout the year. The greater amount of our work in this respect consists of minor repairs. I would respectfully call attention to the necessity of planning a liberal appropriation each year for paint. Nothing conserves property as does paint, frequently applied, and it would seem that if our buildings are to be kept in the state of repair they should be, a liberal allowance should be made for this kind of work.

During the year we relaid the floors of the Fulsom and Thayer wards, which were very badly in need of repair. The roof of the Woodward building, which has given much trouble in the past, was entirely relaid and is now in water-tight condition.

We completed the screening of the hospital, and now every window in the institution in both departments is screened. All of the cupolas at both the Main Hospital and the Summer Street Department are repainted. Some were in very bad condition and required considerable carpenter work. They are now in first-class shape.

A beginning was made on repointing the Summer Street building. This building is almost one hundred years old, and is beginning to need very extensive repairs. A small amount of repointing was done this year, and we plan to continue this work until it is completed.

The Lincoln toilets were completed during the year, and a beginning made on the Salisbury toilet sections. Our plumbing is beginning to need extensive repairs, and in accordance with the program outlined in previous reports, we have been taking a section each year, in order to replace the old and obsolete type of fixtures.

Another improvement which was completed this year is the installation of grille work on the Fulsom and Thayer wards. This has been badly needed and the wards are now fully protected by the grilles, covering one half the window.

RECOMMENDATIONS.

I respectfully call attention to the need of suitable provision for our herd. Since the elimination of the tubercular cattle in the herd, the animals have been kept at Hillside, which is two miles and one-half away from the new building. This necessitates the cartage of all feed to that point, and the transportation of milk back to the Main Hospital. In the winter the difficulties at times are almost insurmountable because of the trouble in keeping the road open. The old barn at the main hospital would need very extensive repairs to make it suitable for our herd, and I would recommend the appropriation of a sufficient amount to begin a new unit, to be placed on a suitable site on the main farm, farther back from the road.

I would also call attention to the fact that the Summer Street Department of this hospital would make an ideal psychopathic and receiving hospital for the city of Worcester and the surrounding community, but before it can be put into use for this purpose, considerable repairs and alterations should be made. We have, at the present time, a considerable amount of hydrotherapy equipment, which has not been installed, because of the need of strengthening the floors before such installation can be made.

It would seem wise, at this time, that a complete survey be made of the needs of Summer Street, and a sufficient amount of money be appropriated to put it in first-class condition.

I would again call attention to the necessity of the continuance of the program of replacing our wooden staircases, and installing sprinkler systems in the hospital as rapidly as possible. During the year we were able to replace three wooden staircases and I am hopeful that the others will be replaced next year. Later, it would seem proper to consider the installation of sprinklers throughout the entire building and at the Summer Street Department.

I wish to take this opportunity of expressing my thanks to the members of the profession in Worcester, who have served on our visiting staff. They have been co-operative at all times, and have worked assiduously for the best interests of the patients and the hospital.

I wish to acknowledge the splendid loyalty and co-operation of the medical staff, heads of departments, officers and employees of the hospital. It is through their splendid co-operation that we have been able to make the progress we have. I also wish to acknowledge the kindness and courtesy of various organizations of the city of Worcester, who have contributed so much of their time and energy in order to make our patients happy.

In conclusion I wish to express my personal gratitude to the members of the Board of Trustees for their support and co-operation given me during the year. I would not hesitate to call upon all of them for advice and assistance, and they have always been willing to give of their time and energy to assist us.

WILLIAM A. BRYAN, *Superintendent.*

NOVEMBER 30, 1925.

TREASURER'S REPORT.

To the Department of Mental Diseases:

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1925.

CASH ACCOUNT.		
<i>Income.</i>	<i>Receipts.</i>	
Board of Patients		\$80,420 78
Personal services:		
Reimbursement from Board of Retirement		232 68
Sales:		
Travel, transportation and office expenses	\$22 94	
Food	420 57	
Clothing and materials	21 00	
Furnishings and household supplies	60 48	
Medical and general care	37 47	
Heat, light and power	39 00	
Farm:		
Cows and calves	\$76 00	
Hides	101 92	
Vegetables and grain	95 95	
	273 87	
Garage, stable and grounds	125 50	
Repairs, ordinary	809 01	
Total sales	1,809 84	
Miscellaneous:		
Interest on bank balances	\$1,128 94	
Rent	1,300 00	
	2,428 94	
Total income		\$84,892 24
MAINTENANCE.		
Balance from previous year, brought forward		\$36,396 63
Appropriations, current year		790,550 00
Total		\$826,946 63
Expenses (as analyzed below)		801,049 88
Balance reverting to Treasury of Commonwealth		\$25,896 75
<i>Analysis of Expenses.</i>		
Personal services		\$373,789 37
Religious instruction		2,660 00
Travel, transportation and office expenses		8,259 91
Food		159,983 56
Clothing and materials		18,987 55

P.D. 23.

Furnishings and household supplies	\$42,230 69
Medical and general care	33,687 17
Heat, light and power	85,408 59
Farm	26,344 12
Garage, stable and grounds	7,446 34
Repairs, ordinary	21,322 93
Repairs and renewals	20,929 65
Total expenses for maintenance	\$801,049 88

SPECIAL APPROPRIATIONS.

Balance December 1, 1924	\$8,000 00
Appropriations for current year	168,000 00
Total	\$176,000 00
Expended during the year (see statement below)	\$20,780 92
Reverting to Treasury of Commonwealth	20,780 92
Balance November 30, 1925, carried to next year	\$155,219 08

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at end of Year.
Additional fire protection	Chap. 510, Acts 1924	\$8,000 00	\$3,009 82	\$3,009 82	\$4,990 18
Dining-room	Chap. 211, Acts 1925	150,000 00	17,771 10	17,771 10	132,228 90
Fire protection, 1925	Chap. 347, Acts 1925	18,000 00	—	—	18,000 00
		\$176,000 00	\$20,780 92	\$20,780 92	\$155,219 08
Balance carried to next year					\$155,219 08
Total as above					\$155,219 08

PER CAPITA.

During the year the average number of inmates has been 2,266.04.
 Total cost for maintenance, \$801,049.88.
 Equal to a weekly per capita cost of \$6.7981 (52 weeks to year).
 Receipt from sales, \$1,809.84.
 Equal to a weekly per capita of \$.0153.
 All other institution receipts, \$83,082.40.
 Equal to a weekly per capita of \$.7050.
 Net weekly per capita \$6.0778.

Respectfully submitted,
 JESSIE M. D. HAMILTON, *Treasurer.*

STATEMENT OF FUNDS.

PATIENT'S FUND.

Balance on hand November 31, 1924	\$11,381 63
Receipts	16,202 10
Interest	472 51
	\$28,056 24
Refunded	\$13,113 76
Interest paid to State Treasury	472 51
	13,586 27
	\$14,469 97

Investment.

Worcester County Institution for Savings	\$2,000 00
Worcester Five Cents Savings Bank	2,000 00
Worcester Mechanics Savings Bank	2,000 00
People's Savings Bank	2,000 00
Bay State Savings Bank	2,000 00
Balance Worcester Bank and Trust Company	4,137 76
Cash on hand December 1, 1925	332 21
	\$14,469 97

LEWIS FUND.

Balance on hand November 30, 1924	\$1,592 18
Income	65 49
	\$1,657 67
Expended for entertainments, etc.	116 51
	\$1,541 16

Investment.

American Telephone and Telegraph Company collateral trust 4% bond	\$926 36
Fourth Liberty Loan Bonds	600 00
Balance Worcester Bank and Trust Company	14 80
	\$1,541 16

WHEELER FUND.			
Balance on hand November 30, 1924		\$6,258 90	
Income		265 27	
Expended for entertainments, etc.			\$6,524 17
			391 55
			<hr/>
			\$6,132 62
<i>Investment.</i>			
American Telephone and Telegraph Company collateral trust 4% bond		\$712 50	
Second Liberty Loan Converted Bonds		4,000 00	
Fourth Liberty Loan Bonds		1,300 00	
Balance Worcester Bank and Trust Company		120 12	
			<hr/>
			\$6,132 62
MANSON FUND.			
Balance on hand November 30, 1924		\$1,161 00	
Income		46 73	
Expended for entertainments			\$1,207 73
			80 15
			<hr/>
			\$1,127 58
<i>Investment.</i>			
Fourth Liberty Loan Bond		\$1,100 00	
Balance Worcester Bank and Trust Company		27 58	
			<hr/>
			\$1,127 58

Respectfully submitted,

JESSIE M. D. HAMILTON, *Treasurer.*

NOVEMBER 30, 1925.

N. B. — The values assigned to the above securities are their respective purchase prices.

Total receipts and payments are in agreement with Comptroller's books of accounts.

JAMES C. McCORMICK.

VALUATION.

NOVEMBER 30, 1925.

REAL ESTATE.			
Land (589 acres)		\$438,200 00	
Buildings		2,198,481 30	
			<hr/>
			\$2,636,681 30
PERSONAL PROPERTY.			
Travel, transportation and office expenses		\$10,059 37	
Food		9,286 97	
Clothing and materials		32,342 81	
Furnishings and household supplies		254,699 98	
Medical and general care		20,577 46	
Heat, light and power		27,818 52	
Farm		32,613 16	
Garage, stable and grounds		14,361 25	
Repairs		29,855 26	
			<hr/>
			\$431,614 78
<i>Summary.</i>			
Real estate		\$2,636,681 30	
Personal property		431,614 78	
			<hr/>
			\$3,068,296 08

STATISTICAL TABLES.

As adopted by American Psychiatric Association.

Prescribed by Massachusetts Department of Mental Diseases.

TABLE 1. — *General Information.*

1.	Date of opening as an institution for the insane: Jan. 18, 1833.			
2.	Type of institution: State.			
3.	Hospital plant:			
	Value of hospital property:			
	Real estate, including buildings			\$2,636,681 30
	Personal property			431,614 78
	Total			\$3,068,296 08
	Total acreage of hospital, 589.16.			
	Acreage under cultivation during previous year, 155.5.			
4.	Medical service:	Men.	Women.	Totals.
	Superintendent	1	—	1
	Assistant physicians	8	1	9
	Medical internes	—	—	—
	Dentist	1	—	1
	Total physicians	10	1	11
5.	Employees on pay roll (not including physicians):	Men.	Women.	Totals.
	Graduate nurses	1	30	31
	Other nurses and attendants	119	109	228
	All other employees	95	77	172
	Total employees	215	216	431
6.	Patients employed in industrial classes or in general hospital work on date of report	Men.	Women.	Totals.
		854	622	1,476
7.	Patients in institution on date of report (excluding paroles)	1,149	1,240	2,389

TABLE 2. — FINANCIAL STATEMENT.

See treasurer's report for data requested under this table.

TABLE 3. — Movement of Patient Population for the Year ending September 30, 1925.

	INSANE.			TEMPORARY CARE.			SANE, VOLUNTARY.			TOTAL ON BOOKS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Patients on books of institution Sept. 30, 1924	1,292	1,231	2,523	5	5	10	2	1	3	1,299	1,237
Admissions during year:												
(a) First admissions	230	199	429	58	21	79	2	1	3	290	221	511
(b) Readmissions	43	40	83	7	9	16	1	1	2	51	56	107
Total admissions	273	247	519	65	30	95	3	1	4	341	277	618
(c) Transfers from other institutions for the insane	51	73	124	—	—	—	—	—	—	51	73	124
Total received during year	324	319	643	65	30	95	3	1	4	392	350	742
Total under treatment during year	1,616	1,550	3,166	70	35	105	5	2	7	1,691	1,587	3,278
Discharged from books during year:												
(a) As recovered	23	14	37	17	5	22	—	—	—	40	19	59
(b) As improved	61	64	125	3	5	8	—	—	—	64	69	133
(c) As unimproved	28	24	52	8	2	10	—	—	—	36	26	62
(d) As not insane	3	2	5	27	10	37	1	1	1	31	12	43
(e) Transferred to other institutions for the insane	17	8	25	—	—	—	—	—	—	17	8	25
(f) Died during year	113	70	183	4	3	7	—	—	—	117	73	190
(g) Nominally discharged for change of status	—	—	—	5	—	5	2	—	2	7	—	7
(h) Nominally discharged from books during year	245	182	427	59	25	84	1	1	2	305	208	513
Total discharged from books during year	1,371	1,368	2,739	6	5	11	2	1	3	1,379	1,374	2,753
Patients remaining on books of institution Sept. 30, 1925												
6a. Average daily number of patients on books during year	1,307.13	1,289.71	2,586.84	10.13	9.76	19.89	1.30	1.00	2.30	1,318.56	1,300.47	2,619.03
6b. Average daily number of patients actually in the institution during year	1,059.55	1,142.99	2,202.54	10.13	9.76	19.89	1.17	1.00	2.17	1,070.85	1,153.75	2,224.60
7a. Average daily number of patients in family care	—	16.93	16.93	—	—	—	.13	—	.13	—	16.93	16.93
7b. Average daily number of patients on visit and escape	247.58	129.79	377.37	—	—	—	—	—	—	247.71	129.79	377.50
8. Number of voluntary patients admitted during year	—	—	—	—	—	—	3	1	4	3	1	4
9. Number of temporary cases admitted during year	—	—	—	—	—	—	—	—	—	153	130	283
10. Number of patients actually remaining in institution Sept. 30, 1925	1,124	1,231	2,355	6	5	11	1	1	2	1,131	1,237	2,368
State	1,087	1,087	2,174	6	5	11	—	—	—	1,044	1,093	2,137
Reimbursing	37	144	231	—	—	—	—	—	—	87	144	231
Private	—	17	17	—	—	—	—	—	—	—	17	17
Number of patients in family care, Sept. 30, 1925	—	10	10	—	—	—	—	—	—	—	10	10
Reimbursing	—	2	2	—	—	—	—	—	—	—	2	2
Private	—	5	5	—	—	—	—	—	—	—	5	5
Number of non-insane patients in institution at end of year	—	—	—	—	—	—	1	1	2	1	1	2
(a) Neurological cases	—	—	—	—	—	—	—	—	—	—	—	—
(b) All other cases	—	—	—	—	—	—	—	—	—	—	—	—
(c) Persons given treatment in out-patient department during year	—	—	—	—	—	—	—	—	—	—	—	—
												887

Supplementary Data.

TABLE 4.—*Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
United States	108	97	205	56	55	111	29	29	58
At sea	—	—	—	—	1	1	—	—	—
Belgium	2	—	2	2	1	3	—	—	—
Canada	26	23	49	33	33	66	34	31	65
China	2	—	2	3	3	6	—	—	—
Czecho-Slovakia	1	1	2	1	1	2	1	1	2
Denmark	1	—	1	1	—	1	—	—	—
England	13	10	23	12	12	24	10	10	20
Finland	1	4	5	1	1	2	4	4	8
France	1	1	2	1	1	2	1	1	2
Germany	1	1	2	2	3	5	2	3	5
Greece	4	2	6	4	4	8	2	2	4
Holland	—	—	—	—	1	1	—	—	—
Ireland	16	23	39	31	37	68	45	46	91
Italy	14	7	21	15	15	30	9	9	18
Norway	2	—	2	3	2	5	—	—	—
Poland	11	5	16	15	15	30	7	7	14
Portugal	—	1	1	—	—	—	1	1	2
Russia	11	8	19	13	12	25	9	10	19
Scotland	—	4	4	4	—	4	3	4	7
Sweden	8	7	15	10	9	19	10	10	20
Turkey in Asia	1	—	1	1	1	2	—	—	—
Turkey in Europe	4	—	4	4	4	8	—	—	—
West Indies	1	4	5	1	1	2	5	4	9
Total foreign born	120	101	221	157	157	314	143	143	286
Unascertained	2	1	3	17	18	35	27	27	54
Grand totals	230	199	429	230	230	460	199	199	398

TABLE 5.—*Citizenship of First Admissions.*

	M.	F.	T.
Citizens by birth	108	97	205
Citizens by naturalization	39	15	54
Aliens	67	74	141
Citizens unascertained	16	13	29
Totals	230	199	429

TABLE 6.—*Psychoses of First Admissions.*

PSYCHOSES.		M.	F.	T.	M.	F.	T.
1.	Traumatic, total	—	—	—	—	1	1
	Traumatic delirium	—	1	1	—	—	—
2.	Senile, total	—	—	—	22	26	48
	Simple deterioration	16	20	36	—	—	—
	Delirious and confused types	—	1	1	—	—	—
	Depressed and agitated types	2	—	2	—	—	—
	Paranoid types	4	3	7	—	—	—
	Pre-senile type	—	2	2	—	—	—
3.	With cerebral arteriosclerosis	—	—	—	21	23	44
4.	General paralysis	—	—	—	36	7	43
5.	With cerebral syphilis	—	—	—	3	4	7
6.	With Huntington's chorea	—	—	—	1	—	1
7.	With brain tumor	—	—	—	—	—	—
8.	With other brain or nervous diseases, total	—	—	—	3	5	8
	Paralysis agitans	—	1	1	—	—	—
	Meningitis, tubercular or other forms	3	4	7	—	—	—
9.	Alcoholic, total	—	—	—	24	3	27
	Pathological intoxication	2	—	2	—	—	—
	Delirium tremens	1	—	1	—	—	—
	Korsakow's psychosis	1	1	2	—	—	—
	Acute hallucinosis	10	1	11	—	—	—
	Chronic hallucinosis	3	—	3	—	—	—
	Acute paranoid type	3	—	3	—	—	—
	Chronic paranoid type	—	1	1	—	—	—
	Alcoholic deterioration	4	—	4	—	—	—
10.	Due to drugs and other exogenous toxins, total	—	—	—	—	1	1
	Opium (and derivatives), cocaine, bromides, choral, etc., alone or combined (to be specified)	—	—	1	—	—	—
11.	With pellagra	—	—	—	—	—	—
12.	With other somatic diseases, total	—	—	—	6	7	13
	Exhaustion delirium	3	6	9	—	—	—
	Cardio-renal disease	2	1	3	—	—	—
	Diseases of the ductless glands	1	—	1	—	—	—
13.	Manic-depressive, total	—	—	—	9	21	30
	Manic type	6	7	13	—	—	—
	Depressed type	3	11	14	—	—	—
	Mixed type	—	2	2	—	—	—
	Circular type	—	1	1	—	—	—
14.	Involution melancholia	—	—	—	8	6	14
15.	Dementia præcox, total	—	—	—	46	29	75
	Paranoid type	18	11	29	—	—	—
	Katatonic type	12	5	17	—	—	—
	Hebephrenic type	10	5	15	—	—	—
	Simple type	6	8	14	—	—	—
16.	Paranoia and paranoid conditions	—	—	—	5	12	17
17.	Epileptic, total	—	—	—	3	2	5
	Epileptic deterioration	3	2	5	—	—	—
18.	Psychoneurosis and neurosis, total	—	—	—	6	—	6
	Psychasthenic type	3	—	3	—	—	—
	Neurasthenic type	1	—	1	—	—	—
	Anxiety neuroses	2	—	2	—	—	—
19.	With psychopathic personality	—	—	—	1	4	5
20.	With mental deficiency	—	—	—	3	3	6
21.	Undiagnosed	—	—	—	28	37	65
22.	Without psychosis, total	—	—	—	5	8	13
	Epilepsy	1	—	1	—	—	—
	Alcoholism	1	—	1	—	—	—
	Psychopathic personality	1	3	4	—	—	—
	Mental deficiency	—	5	5	—	—	—
	Others	2	—	2	—	—	—
Totals					230	199	429

TABLE 7. — Race of First Admissions classified with Reference to Principal Psychoses.

RACE.	TOTAL.			TRAUMATIC.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	7	6	13	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Armenian	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	23	24	47	-	1	1	2	4	6	5	4	9	5	-	5	-	-	-
Finnish	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French	25	18	43	-	-	-	2	5	7	3	1	4	8	3	11	-	-	-
German	2	2	4	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Greek	4	2	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	5	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish	26	46	72	-	-	-	2	9	11	4	8	12	1	1	2	-	-	-
Italian	15	9	24	-	-	-	-	-	-	1	-	1	1	-	1	1	-	1
Lithuanian	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolian	3	-	3	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Portuguese	-	1	1	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Scandinavian	15	8	23	-	-	-	1	2	3	-	-	-	-	-	-	-	-	-
Scotian	2	4	6	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-
Slavonic	17	12	29	-	-	-	-	1	1	-	-	-	3	-	3	-	-	-
Syrian	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish	3	-	3	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
West Indian	1	5	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	74	41	115	-	-	-	14	4	18	8	7	15	14	1	15	1	3	4
Race unascertained	-	10	10	-	-	-	-	-	-	-	2	2	-	1	1	-	1	1
Totals	230	199	429	-	1	1	22	26	48	21	23	44	36	7	43	3	4	7

TABLE 7. — Race of First Admissions classified with Reference to Principal Psychoses — Continued.

RACE.	WITH HUNTINGTON'S CHOREA.			WITH OTHER BRAIN OR NERVOUS DISEASES.			ALCOHOLIC.			WITH OTHER SOMATIC DISEASES.			DUE TO DRUGS AND OTHER EXOGENOUS TOXINS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Armenian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	1	1	2	1	-	1	-	2	2	-	-	-
Finnish	-	-	-	-	1	1	-	-	-	-	-	1	-	-	-
French	-	-	-	1	-	1	2	-	2	1	1	2	-	-	-
German	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hebrew	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish	-	-	-	-	2	2	9	3	12	1	1	2	-	-	-
Italian	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Lithuanian	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Mongolian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	-	-	-	1	-	1	4	-	4	-	-	-	-	-	-
Scotch	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Slavonic	-	-	-	-	-	-	2	-	2	-	1	1	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Turkish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	1	-	1	-	1	1	2	-	2	2	1	3	-	1	1
Race unascertained	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	1	-	1	3	5	8	24	3	27	6	7	13	-	1	1

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses — Continued.*

RACE.	MANIC-DEPRESSIVE.			INVOLUTION MELAN-CHOLIA.			DEMENTIA PRÆCOX.			PARANOIA OR PARANOID CONDITION.			EPILEPTIC PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	2	1	3	1	1	2	—	1	1
Armenian	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Dutch	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
English	2	3	5	1	1	2	4	5	9	—	1	1	—	—	—
Finnish	—	1	1	—	—	—	1	—	1	—	—	—	—	—	—
French	1	1	2	1	—	1	2	4	6	1	—	1	—	—	—
German	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—
Greek	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—
Hebrew	1	—	1	—	1	1	3	—	3	1	—	1	—	—	—
Irish	—	4	4	3	1	4	2	5	7	—	4	4	2	—	2
Italian	1	2	3	—	—	—	4	1	5	1	—	1	—	—	—
Lithuanian	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—
Mongolian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian	2	1	3	1	—	1	3	2	5	—	2	2	—	—	—
Scotch	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—
Slavonic	—	2	2	—	—	—	7	1	8	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turkish	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
West Indian	—	—	—	—	—	—	—	2	2	—	1	1	—	—	—
Mixed	2	3	5	1	2	3	14	6	20	1	2	3	1	—	1
Race unascertained	—	—	—	—	—	—	—	1	1	—	1	1	—	1	1
Totals	9	21	30	8	6	14	46	29	75	5	12	17	3	2	5

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses — Concluded.*

RACE.	PSYCHO-NEUROSES AND NEUROSES.			WITH PSYCHOPATHIC PERSONALITY.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED PSYCHOSES			WITHOUT PSYCHOSES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	—	—	—	—	—	—	—	1	1	—	2	4	—	—	—
Armenian	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Dutch	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
English	1	—	1	—	—	—	—	—	—	1	1	2	—	1	1
Finnish	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—
French	—	—	—	—	—	—	—	—	—	3	3	6	—	—	—
German	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Greek	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—
Hebrew	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Irish	1	—	1	—	2	2	—	1	1	—	4	4	1	1	2
Italian	—	—	—	—	—	—	1	—	1	3	6	9	1	—	1
Lithuanian	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—
Mongolian	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—
Portuguese	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scandinavian	—	—	—	—	—	—	—	—	—	3	1	4	—	—	—
Scotch	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Slavonic	—	—	—	—	—	—	—	1	1	3	5	8	2	1	3
Syrian	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Turkish	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
West Indian	—	—	—	—	—	—	—	—	—	1	2	3	—	—	—
Mixed	3	—	3	1	2	3	2	—	2	6	4	10	1	4	5
Race unascertained	—	—	—	—	—	—	—	—	—	—	2	2	—	1	1
Totals	6	—	6	1	4	5	3	3	6	28	37	65	5	8	13

TABLE 8.—Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-20 YEARS.			20-25 YEARS.			25-30 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	22	26	48	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	21	23	44	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	36	7	43	-	-	-	2	-	2	-	-	-	1	-	1
5. With cerebral syphilis	3	4	7	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	3	5	8	-	-	-	1	1	-	-	-	-	-	-	-
9. Alcoholic	24	3	27	-	-	-	-	-	-	1	-	1	-	-	-
10. Due to drugs or other exogenous toxins	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	7	13	-	-	-	-	-	-	-	-	-	-	2	2
13. Manic-depressive	9	21	30	-	-	-	1	1	2	1	1	2	-	8	8
14. Involution melancholia	8	6	14	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia præcox	46	29	75	-	-	-	3	6	9	7	6	13	12	1	13
16. Paranoia or paranoid condition	5	12	17	-	-	-	-	-	-	-	-	-	2	-	2
17. Epileptic	5	2	5	-	-	-	-	-	-	-	-	-	1	-	1
18. Psychoneuroses and neuroses	6	-	6	-	-	-	1	-	1	-	-	-	1	-	1
19. With psychopathic personality	1	4	5	-	-	-	-	3	3	-	-	-	-	-	-
20. With mental deficiency	3	3	6	-	-	-	-	-	-	1	-	1	-	-	-
21. Undiagnosed	28	37	65	-	-	-	1	1	2	1	3	4	9	3	12
22. Without psychosis	5	8	13	1	2	3	-	-	-	1	1	2	-	-	-
Totals	230	199	429	1	2	3	8	14	22	12	11	23	26	14	40

TABLE 8.—Age of First Admissions classified with Reference to Principal Psychoses—Continued.

PSYCHOSES.	30-35 YEARS.			35-40 YEARS.			40-45 YEARS.			45-50 YEARS.			50-55 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	1	1	2	-	1	1
4. General paralysis	4	1	5	7	3	10	4	2	6	7	-	7	5	-	5
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	1	-	1	1	3	4
6. With Huntington's chorea	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	2	-	2	1	1	-	-	-	-
9. Alcoholic	4	1	5	4	1	5	7	-	7	3	-	3	3	-	3
10. Due to drugs or other exogenous toxins	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
12. With other somatic diseases	-	1	1	1	1	2	2	-	2	-	-	-	1	1	2
13. Manic-depressive	1	3	4	2	1	3	-	3	3	2	1	3	2	3	5
14. Involution melancholia	-	-	-	-	-	-	1	-	1	1	2	3	2	3	5
15. Dementia præcox	8	5	13	6	4	10	5	-	5	3	5	8	1	1	2
16. Paranoia or paranoid condition	-	1	1	-	4	4	-	-	-	1	1	2	-	5	5
17. Epileptic	-	1	1	-	-	-	-	-	-	1	-	1	1	-	1
18. Psychoneuroses and neuroses	-	-	-	2	-	2	1	-	1	1	-	1	-	-	-
19. With psychopathic personality	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	1	1	1	1	2	-	1	1	1	-	1	-	-	-
21. Undiagnosed	5	2	7	4	7	11	3	6	9	2	7	9	-	2	2
22. Without psychosis	1	-	1	-	-	-	-	1	1	1	1	2	-	-	-
Totals	24	16	40	27	24	51	26	13	39	25	20	45	14	16	30

TABLE 8.—Age of First Admissions classified with Reference to Principal Psychoses—Concluded.

PSYCHOSES.	55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	2	2	2	6	8	3	3	6	5	5	10	12	10	22
3. With cerebral arteriosclerosis	-	1	1	3	6	9	5	6	11	5	4	9	7	4	11
4. General paralysis	4	-	4	-	1	1	1	-	1	1	-	1	-	-	-
5. With cerebral syphilis	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	1	2	3	-	-	-	-	1	1	-	-	-
9. Alcoholic	-	1	1	1	-	1	1	-	1	-	-	-	-	-	-
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	1	1	-	-	-	1	1	2	1	-	1	-	-	-
13. Manic-depressive	2	1	3	-	2	2	-	-	-	-	-	-	-	-	-
14. Involution melancholia	3	1	4	1	-	1	-	-	-	-	-	-	-	-	-
15. Dementia præcox	-	1	1	-	-	-	-	-	-	1	-	1	-	-	-
16. Paranoia or paranoid condition	1	-	1	1	1	2	-	-	-	-	-	-	-	-	-
17. Epileptic	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	1	4	5	2	1	3	-	1	1	-	-	-	-	-	-
22. Without psychosis	-	1	1	-	-	-	-	-	-	-	-	-	1	-	1
Totals	11	14	25	12	20	32	11	11	22	13	10	23	20	14	34

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.			ILLITERATE.			READS AND WRITES.			COMMON SCHOOL.			HIGH SCHOOL.			COLLEGE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Traumatic	1	1	2	1	6	7	1	5	1	14	1	1	1	1	12	1	2	2	1	1
2. Senile	22	26	48	3	4	7	11	7	12	2	11	1	1	5	2	1	2	2	5	2	2
3. With cerebral arteriosclerosis	21	23	44	3	4	7	7	4	12	9	2	2	1	5	1	1	2	2	5	1	6
4. General paralysis	36	7	43	3	1	4	4	1	18	3	4	4	1	1	1	2	1	1	1	1	1
5. With cerebral synpills	3	4	7	1	1	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	3	5	8	—	1	2	2	1	1	3	4	1	1	1	1	1	1	1	1	1	2
9. Alcoholic	24	3	27	4	—	4	4	2	16	1	1	1	1	1	1	—	—	—	1	1	1
10. Due to drugs and other exogenous toxins	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	6	7	13	—	—	—	3	3	6	3	9	—	—	1	1	—	—	—	—	—	—
12. With other somatic diseases	9	21	30	2	4	6	7	2	5	10	15	—	—	3	3	—	—	—	—	—	1
13. Manic-depressive	8	6	14	1	1	2	3	1	7	7	14	—	—	1	3	—	—	—	—	—	1
14. Involution melancholia	46	29	75	2	1	3	3	6	28	21	49	8	1	9	3	—	—	—	4	—	4
15. Dementia precox	5	12	17	—	1	1	2	4	6	2	8	1	1	2	—	—	—	—	—	—	—
16. Paranoia or paranoid condition	3	2	5	—	1	1	1	1	2	1	3	1	1	1	1	—	—	—	—	—	—
17. Epileptic	6	1	7	—	—	—	—	—	1	5	6	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	1	4	5	—	—	—	—	—	1	1	2	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	3	3	6	—	1	1	2	1	2	4	5	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	28	37	65	3	8	11	11	5	14	18	32	1	1	4	5	—	—	—	1	1	5
21. Undiagnosed	5	8	13	—	2	2	3	5	1	4	5	—	—	1	1	—	—	—	—	—	2
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	230	199	429	19	29	48	71	32	135	93	228	19	29	48	7	4	11	18	5	23	

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	1	1	-	1	1	-	-	-	-	-	-
2. Senile	22	26	48	18	23	41	4	3	7	-	-	-
3. With cerebral arteriosclerosis	21	23	44	15	18	33	6	5	11	-	-	-
4. General paralysis	36	7	43	33	5	38	2	2	4	1	-	1
5. With cerebral syphilis	3	4	7	3	3	6	-	1	1	-	-	-
6. With Huntington's chorea	1	-	1	1	-	1	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	3	5	8	3	3	6	-	1	1	-	1	1
9. Alcoholic	24	3	27	20	2	22	4	1	5	-	-	-
10. Due to drugs and other exogenous toxins	-	1	1	-	1	1	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	7	13	3	7	10	3	-	3	-	-	-
13. Manic-depressive	9	21	30	7	20	27	2	1	3	-	-	-
14. Involution melancholia	8	6	14	6	5	11	2	1	3	-	-	-
15. Dementia præcox	46	29	75	40	26	66	6	3	9	-	-	-
16. Paranoia or paranoid condition	5	12	17	5	12	17	-	-	-	-	-	-
17. Epileptic	3	2	5	3	2	5	-	-	-	-	-	-
18. Psychoneuroses and neuroses	6	-	6	6	-	6	-	-	-	-	-	-
19. With psychopathic personality	1	4	5	1	2	3	-	2	2	-	-	-
20. With mental deficiency	3	3	6	2	3	5	1	-	1	-	-	-
21. Undiagnosed	28	37	65	23	34	57	5	3	8	-	-	-
22. Without psychosis	5	8	13	4	6	10	1	2	3	-	-	-
Totals	230	199	429	193	173	366	36	25	61	1	1	2

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPEN- DENT.			MARGI- NAL.			COMFORT- ABLE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
2. Senile	22	26	48	2	4	6	7	11	18	13	11	24	-	-	-
3. With arteriosclerosis	21	23	44	3	3	6	3	9	12	15	11	26	-	-	-
4. General paralysis	36	7	43	-	2	2	20	5	25	16	-	16	-	-	-
5. With cerebral syphilis	3	4	7	-	-	-	3	1	4	-	3	3	-	-	-
6. With Huntington's chorea	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	3	5	8	-	-	-	1	3	4	2	2	4	-	-	-
9. Alcoholic	24	3	27	-	-	-	14	3	17	10	-	10	-	-	-
10. Due to drugs and other exogenous toxins	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	7	13	-	-	-	4	2	6	2	5	7	-	-	-
13. Manic-depressive	9	21	30	-	1	1	4	12	16	5	8	13	-	-	-
14. Involution melancholia	8	6	14	-	-	-	-	1	1	8	5	13	-	-	-
15. Dementia præcox	46	29	75	3	-	3	21	19	40	22	10	32	-	-	-
16. Paranoia or paranoid condition	5	12	17	-	8	8	3	4	7	2	-	2	-	-	-
17. Epileptic	3	2	5	-	-	-	3	2	5	-	-	-	-	-	-
18. Psychoneuroses and neuroses	6	-	6	1	-	1	2	-	2	3	-	3	-	-	-
19. With psychopathic personality	1	4	5	-	-	-	-	4	4	1	-	1	-	-	-
20. With mental deficiency	3	3	6	1	-	1	1	1	2	1	2	3	-	-	-
21. Undiagnosed	28	37	65	-	-	-	14	30	44	11	7	18	3	-	3
22. Without psychosis	5	8	13	1	-	1	4	5	9	-	3	3	-	-	-
Totals	230	199	429	11	18	29	104	114	218	112	67	179	3	-	3

TABLE 12.—Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			ABSTI- NENT.			TEMPER- ATE.			INTEM- PERATE.			UNASCER- TAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
2. Senile	22	26	48	8	2	10	9	19	28	2	5	7	3	—	3
3. With cerebral arteriosclerosis	21	23	44	2	1	3	16	16	32	3	6	9	—	—	—
4. General paralysis	36	7	43	7	1	8	18	5	23	8	1	9	3	—	3
5. With cerebral syphilis	3	4	7	2	—	2	1	2	3	—	2	2	—	—	—
6. With Huntington's chorea	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	3	5	8	2	—	2	—	4	4	—	—	—	1	1	2
9. Alcoholic	24	3	27	—	—	—	—	—	—	24	3	27	—	—	—
10. Due to drugs and other exogenous toxins	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	6	7	13	2	2	4	3	4	7	1	—	1	—	1	1
13. Manic-depressive	9	21	30	5	4	9	3	14	17	1	—	1	—	3	3
14. Involution melancholia	8	6	14	2	—	2	4	3	7	2	—	2	—	—	—
15. Dementia præcox	46	29	75	12	3	15	24	16	40	3	—	3	7	10	17
16. Paranoia or paranoid condition	5	12	17	1	1	2	2	9	11	2	—	2	—	2	2
17. Epileptic	3	2	5	1	—	1	1	1	2	1	1	2	—	—	—
18. Psychoneuroses and neuroses	6	—	6	2	—	2	4	—	4	—	—	—	—	—	—
19. With psychopathic personality	1	4	5	—	2	2	1	2	3	—	—	—	—	—	—
20. With mental deficiency	3	3	6	2	1	3	—	1	1	—	—	—	1	1	2
21. Undiagnosed	28	37	65	4	1	5	9	29	38	6	1	7	9	6	15
22. Without psychosis	5	8	13	2	2	4	2	6	8	1	—	1	—	—	—
Totals	230	199	429	55	20	75	97	132	229	54	20	74	24	27	51

TABLE 13.—Marital Condition of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNASCERTAINED.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
1. Traumatic	1	1	8	5	7	1	6	14	1	1	—	—	—	—	—
2. Senile	26	48	3	13	7	14	8	20	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	21	23	3	8	9	14	12	20	—	—	—	—	—	—	—
4. General paralysis	36	44	12	3	18	21	5	6	—	—	—	—	—	—	—
5. With cerebral syphilis	3	4	1	1	2	3	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	1	1	—	—	1	1	—	—	—	—	—	—	—	—	—
7. With brain tumor	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	3	5	—	2	3	4	—	2	—	—	—	—	—	—	—
9. Alcoholic	24	3	10	2	11	1	3	1	—	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	4	3	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	6	7	4	8	7	3	—	—	—	—	—	—	—	—	—
13. Manic-depressive	9	21	30	4	4	11	—	2	—	1	—	—	—	—	—
14. Involution melancholia	8	6	3	1	5	5	—	—	—	—	—	—	—	—	—
15. Dementia praecox	46	29	39	19	6	7	—	—	—	—	—	—	—	—	—
16. Paranoia and paranoid condition	5	12	17	2	6	8	1	2	—	—	—	—	—	—	—
17. Epileptic	3	2	5	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	6	—	4	—	2	2	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	4	5	1	—	1	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	3	6	3	6	3	—	—	—	—	—	—	—	—	—
21. Undiagnosed	28	37	65	13	10	24	13	3	—	—	—	—	—	—	—
22. Without psychosis	5	8	3	6	2	4	2	2	—	—	—	—	—	—	—
Totals	230	199	111	76	89	76	23	42	2	1	3	3	2	5	4

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	M.	F.	T.	M.	F.	T.
	1. Traumatic, total	—	—	—	—	—
2. Senile, total	—	—	—	—	1	1
3. With cerebral arteriosclerosis	—	—	—	1	—	—
4. General paralysis	—	—	—	2	—	2
5. With cerebral syphilis	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	1	—	1
7. With brain tumor	—	—	—	—	—	—
8. With other brain or nervous diseases, total	—	—	—	—	—	—
9. Alcoholic, total	—	—	—	5.	—	5
Acute hallucinosis	3	—	3	—	—	—
Acute paranoid type	1	—	1	—	—	—
Alcoholic deterioration	1	—	1	—	—	—
10. Due to drugs and other exogenous toxins, total	—	—	—	1	—	1
Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)	1	—	1	—	—	—
11. With pellagra	—	—	—	—	—	—
12. With other somatic diseases, total	—	—	—	—	1	1
Exhaustion delirium	—	1	1	—	—	—
13. Manic-depressive, total	—	—	—	3	10	13
Manic type	3	4	7	—	—	—
Depressed type	—	5	5	—	—	—
Mixed type	—	1	1	—	—	—
14. Involution melancholia	—	—	—	—	2	2
15. Dementia præcox, total	—	—	—	15	18	33
Paranoid type	8	7	15	—	—	—
Katatonic type	—	4	4	—	—	—
Hebephrenic type	3	3	6	—	—	—
Simple type	4	4	8	—	—	—
16. Paranoia or paranoid condition	—	—	—	4	3	7
17. Epileptic, total	—	—	—	—	—	—
18. Psychoneuroses and neuroses, total	—	—	—	1	—	1
Hysterical type	1	—	1	—	—	—
19. With psychopathic personality	—	—	—	2	—	2
20. With mental deficiency	—	—	—	3	1	4
21. Undiagnosed	—	—	—	4	10	14
22. Without psychosis, total	—	—	—	1	1	2
Psychopathic personality	1	1	2	—	—	—
Totals				43	47	90

TABLE 15. — *Discharges of Patients classified with Reference to Principal Psychoses and Condition on Discharge.*

PSYCHOSES.	TOTAL.			RE- COVERED.			IM- PROVED.			UNIM- PROVED.			WITHOUT PSYCHOSIS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—
2. Senile	1	1	2	—	—	—	1	1	2	—	—	—	—	—	—
3. With cerebral arteriosclerosis	4	3	7	—	—	—	3	2	5	1	1	2	—	—	—
4. General paralysis	4	1	5	—	—	—	1	—	1	3	1	4	—	—	—
5. With cerebral syphilis	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—
9. Alcoholic	24	2	26	11	2	13	11	—	11	2	—	2	—	—	—
10. Due to drugs and other exogenous toxins	2	—	2	1	—	1	1	—	1	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	1	4	5	1	2	3	—	2	2	—	—	—	—	—	—
13. Manic-depressive	19	29	48	7	9	16	9	15	24	3	5	8	—	—	—
14. Involution melancholia	2	3	5	—	1	1	2	1	3	—	1	1	—	—	—
15. Dementia præcox	29	24	53	—	—	—	18	19	37	11	5	16	—	—	—
16. Paranoia or paranoid condition	1	3	4	—	—	—	—	2	2	1	1	2	—	—	—
17. Epileptic	1	2	3	—	—	—	1	1	2	—	1	1	—	—	—
18. Psychoneuroses and neuroses	3	—	3	—	—	—	2	—	2	1	—	1	—	—	—
19. With psychopathic personality	—	5	5	—	—	—	—	3	3	—	2	2	—	—	—
20. With mental deficiency	1	4	5	—	—	—	—	3	3	1	1	2	—	—	—
21. Undiagnosed	18	20	38	3	—	3	12	14	26	3	6	9	—	—	—
22. Without psychosis	3	2	5	—	—	—	—	—	—	—	—	—	3	2	5
Totals	115	104	219	23	14	37	61	64	125	28	24	52	3	2	5

TABLE 17. — Age of Patients at Time of Death, classified with Reference to Principal Psychoses — Concluded.

PSYCHOSES.	45-50 YEARS.		50-55 YEARS.		55-60 YEARS.		60-65 YEARS.		65-70 YEARS.		70-75 YEARS.		OVER 75 YEARS.											
	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.	M.	F. T.										
1. Traumatic	—	—	—	—	—	1	2	1	2	—	—	—	—	—	—									
2. Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
3. With cerebral arteriosclerosis	—	—	—	—	—	2	4	1	—	—	—	—	—	—	—									
4. General paralysis	1	1	—	—	—	2	2	4	1	—	—	—	—	—	—									
5. With cerebral syphilis	3	1	4	—	—	1	1	—	—	—	—	—	—	—	—									
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
8. With other brain or nervous diseases	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—									
9. Alcoholic	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—									
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
12. With other somatic diseases	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—									
13. Manic-depressive	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—									
14. Involution melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
15. Dementia præcox	1	3	4	—	—	—	2	2	1	1	1	1	2	2	2									
16. Paranoia or paranoid condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
20. With mental deficiency	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
21. Undiagnosed	2	3	5	1	2	—	—	—	—	—	—	—	—	—	—									
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Totals	7	7	14	7	2	9	12	8	20	9	7	16	16	8	24	16	8	24	15	15	23	15	15	38

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.*

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Traumatic	—	—	—	—	—	—	—	—	—	—	—
2. Senile	22	8	30	2	1	3	2	1	3	3	1	4
3. With cerebral arteriosclerosis	19	12	31	5	2	7	4	3	7	1	4	5
4. General paralysis	19	3	22	—	—	—	7	—	7	3	—	3
5. With cerebral syphilis	2	1	3	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	4	—	4	1	—	1	1	—	1	—	—	—
9. Alcoholic	8	3	11	—	—	—	2	—	2	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	6	3	9	3	1	4	2	1	3	—	1	1
13. Manic-depressive	4	3	7	—	—	—	—	—	—	—	—	—
14. Involution melancholia	—	2	2	—	—	—	—	—	—	—	—	—
15. Dementia præcox	11	15	26	—	—	—	—	2	2	—	—	—
16. Paranoia or paranoid condition	1	5	6	—	—	—	—	—	—	—	—	—
17. Epileptic	2	—	2	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	1	1	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	1	—	1	—	—	—	—	—	—	—	—	—
20. With mental deficiency	4	2	6	—	—	—	—	—	—	—	—	—
21. Undiagnosed	7	11	18	3	2	5	—	1	1	1	2	3
22. Without psychosis	3	1	4	1	—	1	—	—	—	—	—	—
Totals	113	70	183	15	6	21	18	8	26	8	8	16

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Continued.*

PSYCHOSES.	8-12 MONTHS.			1-2 YEARS.			3-4 YEARS.			5-10 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Traumatic	—	—	—	—	—	—	—	—	—	—	—
2. Senile	1	—	1	6	4	10	3	—	3	3	1	4
3. With cerebral arteriosclerosis	1	1	2	4	1	5	3	1	4	1	—	1
4. General paralysis	—	1	1	7	2	9	1	—	1	1	—	1
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	2	1
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	1	—
9. Alcoholic	1	—	1	1	1	2	—	—	—	2	1	3
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	1	—	1	—	—	—	—	—	—
13. Manic-depressive	—	1	1	2	1	3	—	—	—	1	—	1
14. Involution melancholia	—	1	1	—	1	1	—	—	—	—	—	—
15. Dementia præcox	1	—	1	1	1	2	—	3	3	4	5	9
16. Paranoia or paranoid condition	—	—	—	—	—	—	—	—	—	—	1	1
17. Epileptic	—	—	—	1	—	1	1	—	1	—	—	—
18. Psychoneuroses and neuroses	—	1	1	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	1	—	1
20. With mental deficiency	—	—	—	—	2	2	—	—	—	—	—	—
21. Undiagnosed	1	—	1	—	2	2	1	2	3	—	1	1
22. Without psychosis	—	—	—	—	—	—	2	—	2	—	—	—
Totals	5	5	10	23	15	38	11	6	17	15	10	25

TABLE 18. — *Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Concluded.*

PSYCHOSIS.	10-15 YEARS.			15-20 YEARS.			OVER 20 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—
2. Senile	1	—	1	1	—	1	—	—	—
3. With cerebral arteriosclerosis	1	—	1	—	—	—	—	—	—
4. General paralysis	—	—	—	—	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	1	—	1	—	—	—
9. Alcoholic	1	1	2	—	—	—	1	—	1
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	—	—	—	—	—	—	—	—
13. Manic-depressive	—	—	—	1	—	1	—	1	1
14. Involution melancholia	—	—	—	—	—	—	—	—	—
15. Dementia præcox	—	2	2	2	1	3	3	1	4
16. Paranoia or paranoid condition	—	1	1	1	2	3	—	1	1
17. Epileptic	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	1	—	1
20. With mental deficiency	3	—	3	—	—	—	1	—	1
21. Undiagnosed	—	—	—	—	1	1	1	—	1
22. Without psychosis	—	—	—	—	1	1	—	—	—
Totals	6	4	10	6	5	11	6	3	9

TABLE 19. — *Family Care Department.*

	M.	F.	T.
Remaining Sept. 30, 1924	—	17	17
Admitted within the year	—	9	9
Nominally returned from visit for discharge	—	—	—
Whole number of cases within the year	—	26	26
Dismissed within the year	—	9	9
Returned to the institution	—	5	5
Discharged	—	—	—
Died	—	—	—
Visit	—	3	3
Escaped	—	1	1
Remaining Sept. 30, 1925	—	17	17
Supported by State	—	11	11
Private	—	4	4
Self-supporting	—	2	2
Number of different persons within the year	—	19	19
Number of different persons admitted	—	5	5
Number of different persons dismissed	—	6	6
Daily average number	—	16.92	16.92
State	—	9.52	9.52
Private	—	4.97	4.97
Self-supporting	—	2.43	2.43

